

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000113920

**Entity Name:** FLORIDA OXYGEN & HOME MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

120 RODGERS BLVD.  
CHIEFLAND, FL 32626

**Current Mailing Address:**

120 RODGERS BLVD.  
CHIEFLAND, FL 32626

**FEI Number:** 59-3759682

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STANTON, ERNA C  
8405 N. PINE HAVEN POINT  
CRYSTAL RIVER, FL 34428 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name STANTON, Y. MORRIS  
Address 8405 N. PINE HAVEN POINT  
City-State-Zip: CRYSTAL RIVER FL 34428

Title P  
Name STANTON, ERNA C  
Address 8405 N PINE HAVON PT.  
City-State-Zip: CRYSTAL RIVER FL 34428

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ERNA STANTON

**PRESIDENT**

**04/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date